

## **Ophthalmology/ ENT CLINIC RESIDENT CURRICULUM**

### **I. Introduction**

1. Resident exit polls collected in 2000 demonstrated a perceived weakness in those training areas related to the primary care management of common ophthalmology and ENT complaints. This curriculum is a direct result of those resident polls and dedicated to exposing Internal Medicine residents to the breadth of Ophthalmology and ENT medicine. Residents should become competent and comfortable managing and referring patients with a variety of common illnesses that fall under the purview of these two specialties.

### **II. Goals**

1. Become familiar with complaints and conditions that warrant referral to a sub-specialty clinic, i.e. Ophthalmology and ENT.
2. Be aware of the relative acuities of those conditions related to the eye, ear, nose and throat that commonly present in the outpatient setting.
3. Ophthalmology specific goals:
  - a. Review and be able to identify basic ocular anatomy.
  - b. Learn to evaluate visual acuity.
  - c. Learn proper use of the slit lamp in the complete ocular assessment
  - d. Gain experience with the direct ophthalmoscope.
  - e. Learn primary care level identification and treatment of common eye disorders to include: Diabetic retinopathy, glaucoma, corneal foreign body, corneal abrasions, and uveitis.
  - f. Learn the associations between common ophthalmic disorders and systemic illness.
4. ENT specific goals:
  - a. Learn to identify cancers of the head and neck that present in the outpatient setting.
  - b. Learn to treat basic infections of the ear, sinuses, and oropharynx.
  - c. Learn the management of uncomplicated epistaxis.
  - d. Learn to manage perforation of the tympanic membrane.
  - e. Learn the basics of auditory evaluation.
  - f. Learn the appropriate imaging studies for evaluating common ENT complaints.

### **III. Resident Responsibilities**

1. The learning experience will include only the outpatient settings. Residents will be in the ENT and Ophtho clinics from approx 0915-1145 or 1315-1615. Residents are required to have their continuity clinic 2 half days per week and cover all their own telecons and labs.

2. See attached schedule for details.
3. The Ophthalmology/ENT rotation is a standard four-week rotation to be completed one time during the 3 year residency.

#### IV. **Night Call and Leave Policy**

1. Residents on ENT/Ophtho rotations will not be scheduled night call on the consult service, but may be on the Medicine backup call roster. Leave or TDY can be made if done 6-8 weeks in advance. Residents may elect to take leave during the rotation, however they may not miss more than one week in the four-week block. Residents unable to attend at least three weeks during the rotation for whatever reason will be asked to make-up that time at a later date. All leaves must be submitted in writing to the residency coordinator 6-8 weeks in advance.

#### V. **Didactic Instruction**

1. The emphasis will be on seeing a broad range of patients in the ENT and Ophtho clinics.
2. Staff preceptors will review topics outlined above and demonstrate exam skills.
3. The EENT resident should attend morning openers, noon conferences, grand rounds, journal club, etc, unless involved in direct patient care.

#### VI. **Evaluations**

1. The POC for the Ophthalmology rotation is Dr Dianne Harris and for ENT is Dr Won. They or their representatives will be responsible for reviewing the goals of the rotation at the beginning. Both the ENT and Ophtho preceptor will complete formal written evaluations. The resident will also complete an evaluation on the preceptors. Evaluations should be mutually discussed mid month and at the end of the rotation to provide constructive criticism.

Christina Humberd, Capt, USAF, MC  
03'-04' Chief Resident

KATHRYN AMACHER, Col, USAF, MC  
Medical Residency Program Director

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